

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this paper and the documents referred to as attached or enclosed are being deposited with the United States Postal Service on the date set forth below in an envelope as "Express Mail Post Office to Addressee" service under 37 CFR 1.10, with the below indicated mailing label number, addressed to MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: December 11, 2003

Terri M. Sasser
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Mailing Label Number: 337310383 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. CLFXP0247US

MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of:

Inventor(s): Michael J. Sherwin

Title: THERMAL INSULATING SPIRAL WOUND TUBE

1. Papers Enclosed That Are Required for Filing Date under 37 CFR 1.53(b):

21 Pages of specification including claims

1 Pages of Abstract

2 Sheet(s) of drawing(s)

☐ The enclosed drawing(s) are photograph(s), and there is also attached a "PETITION TO ACCEPT PHOTOGRAPH(S) AS DRAWING(S)." 37 C.F.R. 1.84(b).

2. Additional papers enclosed:

☐ Preliminary Amendment

☐ Assignment to _____

☐ Information Disclosure Statement (37 CFR 1.98)

☐ Form PTO-1449 ☐ Citations

☐ Other:

3. Small Entity Status: ☒ Applicant claims small entity status. ☐ Not claimed.

4. Declaration or oath: ☒ Enclosed ☐ Not enclosed.
☐ Enclosed is a copy of a declaration filed in prior application No. ≤ of which this is a ☐ continuation / ☐ divisional. The accompanying continuation or divisional application is not believed to introduce any new matter.
5. Language: ☒ English ☐ Non-English
☐ A verified/accurate translation is enclosed (37 CFR 1.52(d)).
6. This application claims priority of the below listed application(s) (if any):

Country	Application No.	Filing Date	Certified Copy Enclosed

7. The filing fee is calculated below.

Fee Calculation					Fee
Basic fee →					\$770.00
Claims*	Number filed		Number extra	Rate	
Total claims	68	-20	48	\$18.00	\$864.00
Independent claims	4	-3	1	\$86.00	\$86.00
Multiple dependent claims (if applicable)				\$290.00	
Total of above					\$1,720.00
Small entity status claimed (1 if Yes, 0 if No) →				1	\$860.00
Total fee					\$860.00
Non-English language specification				\$130.00	
Fee for recording enclosed assignment				\$40.00	
Total fees					\$860.00

*After any attached preliminary amendment reducing the number of claims and/or deleting multiple dependencies.

8. Form of payment:

☐ No fee being paid at this time.

☒ A check in the amount of \$860.00 to cover the above fees is enclosed.

☐ Please charge our Deposit Account No. 18-0988 in the amount of \$_____. A duplicate copy of this sheet is enclosed.

☐ Fee for extra claims is not being paid at this time.

9. The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Account No. 18-0988:

☐ 37 CFR 1.16(a), (f) or (g) (filing fees)

☐ 37 CFR 1.16(b), (c) and (d) (presentation of extra claims)

☐ 37 CFR 1.17 (application processing fees)

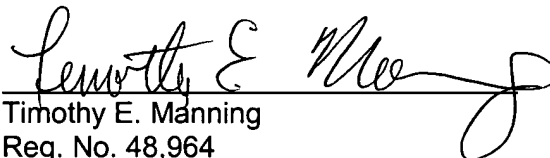
☐ 37 CFR 1.16(e) (surcharge for filing the basic filing fee and/or declaration on a date later than the filing date of the application)

10. Credit any overpayment to Deposit Account No.18-0988.

Respectfully submitted,

Date: _____

12/11/03



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